

This form is available electronically.

AD-893 (09-03-03) RECOMMENDATION OF PERCENT OF CROPLAND TO BE ENROLLED IN CRP/WRP	1. COUNTY OFFICE ADDRESS	
	2. COUNTY OFFICE TELEPHONE NO. (area code)	3. DATE (MM-DD-YYYY)

NOTE: The authority for collecting the following information is Pub. L. 107-171. This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a). The authority for requesting the following information is Pub. L. 99-198 as amended and Pub. L. 101-624 authorized the collection of the following data. The information will be used to determine the percent of cropland which can be enrolled in CRP and/or WRP in each county. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in denial of benefits. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

The Conservation Reserve Program (CRP) and the Wetlands Reserve Program (WRP) regulations limits enrollment to 25 percent of the cropland in our county with not more than 10% in easements, unless the Secretary of Agriculture determines that further enrollment will not adversely effect the economy of our county. The recommendations from our residents, farmers, merchants, key agricultural leaders, County Committee, and local and State elected officials will assist the Secretary in determining the percent of cropland which can be enrolled in CRP/WRP from our county. Please review information in Part A and then complete Part B, Items 10-14.

PART A - TO BE COMPLETED BY FSA

	ACRES
4. Enter the total cropland in the county.	
5. Enter twenty-five percent of the cropland (Item 4 times 25%).	
6. Enter ten percent of the cropland (Item 4 times 10%).	
7. Enter the current enrollment in CRP excluding CP5 and CP16 (current accepted acreage-not including this signup).	
8. Enter the current enrollment in WRP and CRP easements excluding CP5 and CP16 (current accepted acreage-not including this signup).	

PART B - TO BE COMPLETED BY RESPONDENT

RETURN THIS FORM BY:

9. PLEASE COMPLETE ITEMS 10 THROUGH 14 AND RETURN THIS FORM TO THE COUNTY FSA OFFICE AT THE ADDRESS IN ITEM 1 NO LATER THAN ➡	
	PERCENT
10A. I recommend that the limit on cropland enrolled in the Conservation Reserve Program for our county be set at	%
10B. I recommend that the limit on cropland enrolled in the Wetlands Reserve Program for our county be set at	%
10C. If you recommended 25%, but the county's acreage enrollment under this signup only exceeds the 25% by a small percent, would you be willing to recommend for approval this small increase? YES <input type="checkbox"/> NO <input type="checkbox"/> Up to what percent? _____ %	

11. I belong to the following groups (please mark all that apply):		
County Commissioner <input type="checkbox"/>	Local:	Other Agriculture-Related Business <input type="checkbox"/>
FSA County Committee Member <input type="checkbox"/>	NRCS <input type="checkbox"/>	Grocery <input type="checkbox"/>
FSA Community Committee Member <input type="checkbox"/>	Conservation District <input type="checkbox"/>	Auto Sales <input type="checkbox"/>
Agricultural Banker/Lender <input type="checkbox"/>	CSREES <input type="checkbox"/>	Other Business Not Directly Related to Agriculture <input type="checkbox"/>
Feed/Seed/Fertilizer Dealer <input type="checkbox"/>	FS <input type="checkbox"/>	Other <input type="checkbox"/>
Agricultural Oil/Gas Supplier <input type="checkbox"/>	Implement Dealer <input type="checkbox"/>	

12. COMMENTS ON RECOMMENDATIONS (If any)		

13. NAME (Please Print)	14. SIGNATURE	DATE (MM-DD-YYYY)

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotope, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.